1. LIST SIGNS THAT RAISE SUSPICION OF ELDER ABUSE:

- Psychological Signs (fear, depression, confusion, helplessness)
- Physical Signs (bruises, burns, fractures, restricted movement)
- Indicators of Neglect (poor hygiene, malnutrition, over/under sedation)

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2. Enumerate the core ethical principles:

- **Autonomy:** Respect patients by maintaining confidentiality. Respect patients' decisions, having the right to refuse.
- **Beneficence:** Best interest and advocate for the patients.
- **Nonmaleficence:** Avoid causing injury or suffering to patients.
- **Justice:** Treat patients fairly and equitably.

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3. List of restorative material and material of choice to treat root caries:

Shallow lesions treated by debridement with hand instruments, finishing burs and polishing disks.
Arrested caries treated by topical fluorides with chlorhexidine rinse.
Deep caries is difficult to restore because of impaired visibility, difficult access, moisture control, pulp proximity. **Restorative treatment options:**

Direct Filling Gold: Provide unequal durability and longevity. **/** Technique is sensitive and require time. **/** No chemotherapeutic advantage.

Silver Amalgam: Excellent wear properties. / Increased marginal seal. / Used when isolation is a problem.

Resin Composite: Micro leakage and loss of marginal seal. **/** No signs of fluoride uptake. **/** Indicated in areas for esthetic demand.

Glass ionomer/Resin modified Glass ionomer cement: Material of Choice offers. Adhesive bonding. / Long term fluoride release. / Ability to re-charge or uptake fluoride when exposed to external source. / Clinical studies have shown 10-year longevity. / Reasonable success in xerostomia patients.

5. Challenges of prosthodontic treatment for the older patient:

1. General Challenges: Hygiene difficulties, due to drifting, tipping and supra eruption, periodontal problems, nonparallel abutments.

2. Challenges related to the clinical management of elderly patients:

1. The need of prosthodontic treatment and the have greatest degree of complicating dental, medical and behavioral factors.
2. Age is not a contraindication to complex prosthodontic treatment.
3. The partial and completely edentulous patient may be unable to recover normal function, esthetic comfort or a speech with traditional removable prosthesis.

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6. Why there is an increased need for implant related prosthesis among older adults?

1. Inadequate performance of removable prosthesis.
2. Psychological needs of the patient.
3. Predictable long-term outcome of implant supported prosthesis.
4. Increased awareness of the benefits of implants by the profession and public.
5. Some older now, the educated, health conscious and economically independent.
6. Elderly is not a contraindication to long-term implant survival.
7. Succes of osseointegration can be maintained with good oral hygiene.
8. Prosthesis designs adapt for elderly patients.

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7. Describe general oral health problems in elderly patients and effects contribute there prevalence.

1. **Edentulism:** Often is a result from historical treatment for multiple causes. Like poor nutrition and systemic diseases, untreated caries and periodontal disease.
2. **Dental Caries:** The major cause of tooth loss in older adults, most commonly coronal and root caries due to gingival recession also Ill-fitting dentures trapping plaque and POH Increases the risk of tooth decay.
3. **Periodontal Disease:** Progression because age-related biological changes, less fiber and decreased cellular, which may affect the healing.
4. **Dry Mouth:** Is common among the elderly and is a potential side effect of many medications over 400 types.
5. **Oral Cancer:** The most common symptom is a sore in the mouth that does not heal, early detection is key to increasing the survival rate.
6. **Chronic Illnesses:** Multifactorial condition, complex, they are long-term conditions that require ongoing management and profoundly impact quality of life.